

TRAVEL VOUCHER (Temporary Duty Travel)

SECTION A -- IDENTIFICATION

1. TRAVEL AUTHORIZATION NO.		2. SOCIAL SECURITY NO.		3. NAME (Last) (First) (Middle Initial)				4. AGENCY CODE		
5. AGENCY ORIGINATING OFFICE NUMBER		6. TRAVELER ORIGINATING OFFICE NUMBER		7. DATES OF TRAVEL EXPENSES FROM Month Day Year THRU Month Day Year			8. TYPE CLAIM (Indicate one type only) DM = Domestic FG = Foreign TDY OC = Outside Cont. U.S. GR = Escorted Group		9. RECLAIM AMOUNT INCLUDED	
10. LEAVE TAKEN Y = Yes N = No		11. TRAINING DOCUMENT NO. (For Purpose of Travel Code 3 Only)			12. OFFICIAL DUTY STATION CITY AND STATE			13. RESIDENT CITY AND STATE (If other than official station)		
14. POST APPROVAL INDICATOR Y = Yes N = No		15. TOTAL NIGHTS LODGING			16. NUMBER OF NIGHTS IN APPROVED ACCOMMODATIONS PER THE FIRE SAFETY ACT STANDARDS					

SECTION B -- TRAVEL VOUCHER MAILING ADDRESS OPTIONS

17. SALARY ADDRESS		19. SPECIAL ADDRESS		20. FOREIGN ADDRESS		21. TRAVEL EFT ACCOUNT	
18. T&A CONTACT POINT		1. (35) 2. (35) 3. City (20) State (2) Zip Code (9)					

SECTION C -- TRANSPORTATION COSTS

22. METHOD OF PAYMENT	23. VENDOR/CARRIER	24. IDENTIFICATION NUMBER	25. CAR RENTAL		26. AMOUNT
			MILES	DAYS	
					\$
If payment was made by traveler, complete Section G on reverse.			TOTALS		\$

SECTION D -- CLAIMS

28. SUMMARY OF SUBSISTENCE				
TDY LOCATION	NO. OF DAYS	AMOUNT		
		CNTRY CODE	CITY CODE	CITY or COUNTY STATE
				\$
		TOTALS		
		\$		

27. AIRLINE ACCOMMODATIONS: Excess Fare (Check If Applicable) Non-contract (Insert Code)

29. PER DIEM No. of Days [] \$

SECTION E -- ACCOUNTING CLASSIFICATION

45. AUTHORIZATION ACCOUNTING (Check this block if accounting and purpose of travel code(s) from travel authorization are to be charged for the total voucher claim.)		PURPOSE OF TRAVEL CODES	
46. DISTRIBUTED ACCOUNTING (Check this block distribute total claim from Section D to the applicable Purpose of Travel Code and Accounting Classification line.)		1 = Site visit 9 = Emergency travel 2 = Information meeting 10 = Other travel 3 = Training attendance 11 = Pre-employment travel 4 = Speech or presentation 13 = Rest and Recuperation 5 = Conference attendance 14 = Education 7 = Entitlement/home leave 15 = Informal training 8 = Special mission travel	

30. ACTUAL SUBSISTENCE No. of Days []			
31. MILEAGE	Rate [¢] Miles []		
	Rate [¢] Miles []		
	Rate [¢] Miles []		
	Rate [¢] Miles []		
32. PARKING, TOLLS, ETC.			
33. PLANE, BUS, TRAIN (Paid by Traveler)			

PURPOSE CODE	ACCOUNTING CLASSIFICATION	PERCENTAGE
		%
THESE PERCENTAGES MUST EQUAL 100%		

34. UNACCOMPANIED BAGGAGE		
35. LOCAL TRANSPORTATION		
36. MISCELLANEOUS EXPENSES		
37. CAR RENTAL		
38. TOTAL CLAIM (Blocks 29 thru 37)	\$	

SECTION F -- CERTIFICATION

FRAUDULENT CLAIM. Falsification of an item in an expense account will result in a forfeiture of the claim (28 USC 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 USC 287; i.d. 1001).

CLAIMANT'S RESPONSIBILITIES AND SIGNATURE. I hereby assign to the United States any rights I may have against other parties in connection with any reimbursable carrier transportation charges described herein. I have received no payment for claims shown herein. All travel and reimbursable claims were incurred on official business of the United States Government. All tickets, coupons, promotional items and credits received in connection with travel claimed on this voucher have been accounted for as required by 41 CFR 301-304 and other regulations. I have reviewed this voucher and certify it to be correct.

47. CLAIMANT'S SIGNATURE	48. DATE Month Day Year	49. FINAL VOUCHER INDICATOR Y = Yes N = No
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APPROVING OFFICER'S RESPONSIBILITIES AND SIGNATURE. In approving this voucher, I have determined that: (1) Reimbursement is claimed for official travel only; (2) Use of rental car, taxicab, or other special conveyance for which reimbursement is claimed is to the Government's advantage; and (3) Long distance phone calls and supplies or equipment purchased are necessary and in the interest of the Government. **Note:** To approve long distance phone calls, approving officer must have written authorization from Agency Head or his/her designee (31 USC 1348).

50. APPROVING OFFICER'S SIGNATURE	51. SOCIAL SECURITY NO.	52. DATE APPROVED Month Day Year	53. PHONE (Area Code and No.)
54. NAME AND TITLE (Last, First, Middle Initial) (Type or Print)	AGENCY CODE	55. CONTACT PERSON'S NAME	56. PHONE (Area Code and No.)

39. TRAVEL ADVANCE AMOUNT OUTSTANDING		
40. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING ADVANCE (Block 39)		
41. AMT. OF VOUCHER (Block 38) TO BE APPLIED TO OUTSTANDING BILL FOR COLLECTION		
BILL NO.		
42. ADDITIONAL ADVANCE AMOUNT REPAID (Check or money order attached)		
43. REMAINING ADVANCE BALANCE (Block 39 minus Block 40 and Block 42)		
44. NET TO TRAVELER (Block 38 minus Block 40 and Block 41)	\$	
AUDITED BY (Examiner's Initials)	TOTAL DIFFERENCE	

Upon completion and approval, submit original voucher to:

USDA -- National Finance Center, P.O. Box 60000, New Orleans, LA 70160

This form was electronically produced by Elite Federal Forms, Inc.
Modified by USDA/ARS/ISB.

Exception to SF 1012 approved by GSA 11/20/96

FORM AD-616 (USDA) (Rev. 11/96)

SOCIAL SECURITY NO.			TRAVELER'S NAME									
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SECTION G -- SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

ITINERARY FROM														TOTALS Transfer these totals to Section D on Voucher Front. If additional days are required, use continuation sheet
DATE (Month/Day)														
CITY		-----		-----		-----		-----		-----				
STATE														
TIME														
TO TDY LOCATION														
DATE (Month/Day)														
CITY		-----		-----		-----		-----		-----				
COUNTY														
STATE														
TIME														
PER DIEM														TOTAL NO. DAYS
NO. OF DAYS														
LODGING (Receipt Required)														
MEALS AND INCIDENTAL EXPENSES														
LESS MEALS AT GOVERNMENT EXPENSE														
														TOTAL PER DIEM
PER DIEM AMOUNT														\$
ACTUAL SUBSISTENCE														TOTAL NO. DAYS
NO. OF DAYS														
LODGING (Receipt Required)														
BREAKFAST														
LUNCH														
DINNER														
M&IE/OTHER														
														TOTAL ACTUAL SUBSISTENCE
ACTUAL SUBSISTENCE AMOUNT														\$
MILEAGE														TOTAL MILES
MILES														
RATE PER MILE		¢		¢		¢		¢		¢		¢		
														TOTAL MILEAGE
MILEAGE AMOUNT														\$
														TOTAL PARKING
PARKING, TOLLS, ETC.														\$
														TOTAL PLANE, BUS, TRAIN
PLANE, BUS, TRAIN (Paid By Traveler)														\$
														TOTAL UNACCOMPANIED BAGGAGE
UNACCOMPANIED BAGGAGE														\$
														TOTAL LOCAL TRANSPORTATION
LOCAL TRANSPORTATION NO. TRIPS														
DAILY EXPENSE														\$
														TOTAL MISCELLANEOUS
MISCELLANEOUS EXPENSES														
TELEPHONE CALLS														
SUPPLIES, ETC.														\$
														TOTAL CAR RENTAL
CAR RENTAL (Paid by Traveler) Receipt and Car Rental Agreement Required														
RENTAL EXPENSE														
GASOLINE EXPENSE														\$

REMARKS

PRIVACY ACT NOTICE. The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on this form is required under the provisions of 5 USC, Chapter 57 (as amended) and Executive Orders 11609 of July 22, 1971, and 11012 of March 27, 1962, for the purpose of recording travel expenses incurred by the employee and to claim other entitlements and allowances as prescribed in the Federal Travel Regulations (41 CFR 301-304). The information contained in this form will be used by Federal Agency officers and employees who have a need for such information in the performance of their duties. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions or pursuant to a requirement by GSA or such other agency in connection with the hiring or firing, or security clearance, or such other investigations of the performance of official duty in Government service. Failure to provide the information required will result in delay or suspension of the employee's claim for reimbursement.